

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 04/07/2010

**Address:** TELLMAN RD/ INDIANAPOLIS

**Case #:** 42-30377

COLUMBUS, IN

**County:** BARTHOLOMEW

47201

**Type of Laboratory Seizure** (check one)

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open – No Structure  
☐ Other: \_\_\_\_\_

**Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): OLD REACTION  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: TOLUENE  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☒ Other (item and location): SALT, FILTERS, COOKWARE

**Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: L.E.O. ACTION

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: C.F.D.

Fax: E-MAIL

Health Department: B.C.H.D.

Fax: E-MAIL

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: CHIP AYERS

Phone 317.234.4591

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.